

DSM-5

Diagnosis Changes from DSM-IV

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Mental Disorder

- * Definition:

- * Syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning.
- * Associated with significant distress in social, occupational, or other important activities.

DSM-IV

- * Multi-axial diagnoses
 - * Axis I: Clinical Disorder
 - * Axis II: Personality Disorders/ Mental Retardation
 - * Axis III: General Medical Condition
 - * Axis IV: Psychosocial and Environmental Factors
 - * Axis V: Global Assessment of Functioning (GAF)

DSM-5

- * Replace Multi-axial diagnoses with a Non-axial system
- * Axes I-II-and III will be individual diagnoses
- * Axis IV and V will be separate notations
- * The 1st diagnosis will be the “principal” diagnosis
- * Continuum of severity (NOS vs. NED)

Neurodevelopmental Disorders

- * Intellectual Disabilities
- * Autism Spectrum Disorder
- * Social Communication Disorder

Intellectual Disabilities

- * Formerly Mental Retardation
 - * Intellectual Disability (new name)
 - * Requires both adaptive functioning deficits in one or more:
 - * Conceptual (language, reading, or writing)
 - * Social (interpersonal communication, social judgment)
 - * Practical (job, money, personal care)
 - * IQ test > 70 (2 SD below mean)
 - * MUST occur in developmental period

Other ID Diagnoses

- * Global Developmental Delay

- * Individuals under 5 when clinical severity cannot be assessed reliably in early childhood
- * Must be reassessed after a period of time.

- * Unspecified Intellectual Disability

- * Over age 5 but considered “untestable” due to physical impairments or behavioral issues or co-occurring mental illness
- * Exceptional circumstances

Autism Spectrum Disorder (ASD)

- * PDD, Autism and Asperger's are now ONE diagnosis

- * Criteria:

1. Communication deficits: responding inappropriately in conversation, misreading nonverbal interactions, difficulty building friends appropriate to their own age
2. Restrictive Repetitive Behaviors (RRB): overly dependent on routines, highly sensitive to change in environment, intensely focused on inappropriate items
3. MUST show up early in childhood
4. BOTH deficits 1 & 2 must be present for diagnosis
5. If PDD-NOS appears – new DX – Social Communication Disorder

ASD

- * Severity: level of support needed
 - * Level 1) requires support - may have one adaptive deficit
 - * Level 2) substantial support- multiple adaptive deficits
 - * Level 3) very substantial support – several adaptive deficits

ASD

- * Co-morbid diagnoses
 - * With or without intellectual disability
 - * With or without language impairment
 - * With catatonia
 - * Associated with a medical condition
 - * Associated with another mental illness (ADHD, depression)

Social Communication Disorder

- * Persistent difficulties in the social use of verbal and nonverbal communication
- * Greetings and sharing information in a social context
- * Unable to change information to match context
- * Unable to follow rules of conversation and storytelling (taking turns)
- * Onset in early developmental period

Mood Disorders

- * Depressive Disorders:

- * Disruptive Mood Dysregulation Disorder – children up to age 18 who exhibit persistent irritability and frequent episodes of extreme behavioral disruptions

- * Anxiety Disorders:

- * PTSD: will be recognized in children and separate criteria for ages 6 and younger
 - * Selective Mutism: must appear in the developmental period. It is an anxiety disorder but may look DD